

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE (DELAWARE)

In re:
YF SCOTTSDALE LLC

Debtor

In Proceedings Under:
Bankruptcy Chapter 11
20-12897-MFW

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DONLIN RECANO & CO. INC.

ARIZONA DEPARTMENT OF REVENUE'S
WITHDRAWAL OF ADMINISTRATIVE EXPENSE CLAIM

The Arizona Department of Revenue hereby withdraws its Administrative Expense Claim, dated 02/19/2021, in the amount of

\$1,500.00

A copy of the claim is attached hereto.

Dated this 03/22/2021

Lorraine Averitt

ARIZONA DEPARTMENT OF REVENUE

Bankruptcy and Litigation Section
1600 West Monroe Street
Phoenix, AZ 85007

Fill in this information to identify the case:

Debtor 1 YF Scottsdale, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: United States Bankruptcy Court -
District of Delaware

Case number 20-12897

RECEIVED
2/19/2021 9:56:22 AM (Eastern Time)
US BANKRUPTCY COURT-DRC
Claim No. ECN-210

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense other than a claim arising under section 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>ARIZONA DEPARTMENT OF REVENUE</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Office of the Arizona Attorney General c/o Tax, Bankruptcy and Collection Sct 2005 N Central Ave, Suite 100 Phoenix AZ 85004 United States 6025428811 BankruptcyUnit@azag.gov	Where should payments to the creditor be sent? (if different)
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9694</u>
7. How much is the claim? \$ <u>\$1,500.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Taxes (post-petition)</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to: (i) priority under 11 U.S.C. § 507(a), or (ii) administrative expense under 11 U.S.C. § 503(b)(9)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☒ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.

☐ Value of goods received by the debtor within 20 days before the date of commencement of the case. 11 U.S.C. § 503(b)(9).

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ \$1,500.00

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 04/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 2/19/2021
MM / DD / YYYY

/s/ Lorraine Averitt

Signature

Print the name of the person who is completing and signing this claim:

Lorraine Averitt
Bankruptcy Collector
Arizona Department of Revenue
1600 W. Monroe 7th Floor
Phoenix AZ 85007
United States
6027167806
laveritt@azdor.gov



STATE OF ARIZONA - PROOF OF CLAIM FOR ARIZONA DEPARTMENT OF REVENUE

United States Bankruptcy Court for the District of Delaware (Delaware)

Administrative Expenses

ORIGINAL

Case Number 20-12897-MFW

Chapter: Bankruptcy Chapter 11

Taxpayer ID: 45-5009694

Tax Type: WTH

Petition Date: 11/09/2020

In the Matter of: **YF SCOTTSDALE LLC**

. The undersigned is the agent of the Arizona Department of Revenue and is authorized to make this proof of claim on its behalf.
The grounds for the liability are for taxes due under the Arizona Revised Statutes.

Tax Type	Memo	Period	Tax	Penalty	Interest	Total
WTH	Est. due to non-filing	12/31/2020	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Amount Due as of this Statement:						\$1,500.00

Any pleading concerning this Claim must be filed and served on the Arizona Department of Revenue.

ARIZONA DEPARTMENT OF REVENUE

Signed: Lorraine Averitt

Dated: 02/19/2021

Lorraine Averitt

Office of the Arizona Attorney General

All notices, correspondence, pleadings and payments will be sent to the following address:

c/o Tax, Bankruptcy and Collection Section

1005 N Central Ave. Suite 100

Phoenix, AZ 85004

Phone: 602-542-1719

2/19/2021

YF SCOTTSDALE LLC

Debtor(s)